digestive toxicities in 10 (17%) pts. There was a trend of lower severe esophagitis when amifostine was administered.

Of the 56 pts evaluable for response, 13 achieved a complete response (CR=23%), 24 achieved a partial response (PR= 43%) for an overall RR of 66% (95%CI: 54-78%). 15 pts had stable disease (SD=27%), and 4 pts had progressive disease (PD= 7%). RR was signifficanly higher when at least 4 cycles of chemotherapy have been given, 75.68% vs 38.9% (p= 0.01).

Progression - free survival curve showed at 1, 2, and 3- years, rates of 39%, 19% and 7%, (95% CI:3-18%) with a median time to progression of 10.3 months.

The 1, 2 and 3- year disease specific S rates were 61%, 33% and 21%, (95% CI:12-34%), with the median S of 17.3 months. For the 11 patients still alive the median follow-up was 37.5 months. All evaluations were done considering α =0.05.

Conclusions: Concurrent chemoradiotherapy with Vinorelbine and a Platinum compound followed by consolidation ChT with the same drugs given for advanced stage III NSCLC is feasible, well tolerated and has a positive effect on the RR and S.

P2-206 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Clinical responses of large cell neuroendocrine carcinoma of the lung to perioperative adjuvant chemotherapy

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Study Objecitives: Large cell neuroendocrine carcinoma of the lung (LCNEC) are considered poor prognosis. This study was undertaken to evaluate the efficacy of perioperative adjuvant chemotherapy in patients with radically resected with LCNEC.

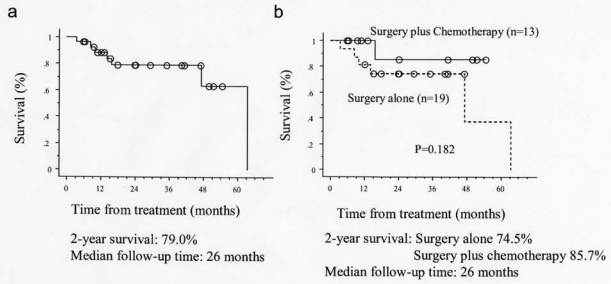
Design: Retrospective study.

Patients: Thirty-two (3.2 %) of 1,007 patients with primary lung carcinoma who underwent tumor resection from 1999 to 2005 at Tokyo Medical Universtiy were found to have tumors with the histological characteristics of LCNEC were enrolled as subjects of this study.

Results: The median age of the patients was 65 years (range, 40-83 years). Twenty-five (78%) patients were male, and 7 (22%) were female. Twenty-two (92%) of 24 were present or past smokers. Operative procedures performed included 28 lobectomies (88%), 2 partial resections (6%), and 2 pneumonectomies (6%). The distribution of pathological stage was 9 (28%) in stage IA, 10 (31%) in stage IB, 3 (10%) in stage IIA, 2 (6%) in stage IIB, 6 (19%) in stage IIIA, and 2(6%) in stage IIIB. Thirteen (41%) of 32 patients were received perioperative chemotherapy including 4 induction chemotherapies and 9 adjuvant chemotherapies. Of these, 11 (85%) patients had taken platinum-based chemotherapy before or after surgery. The 2-year actuarial overall survival for the entire group was 79.0% (55% of 2-year survival at Asamura H. et al JCO 2006) (Figure 1a). Survival for patients with perioperative adjuvant chemotherapy was higher than that with surgery alone (P=0.18) (Figure 1b). The 2-year survival rate of patients with perioperative adjuvant chemotherapy was 85.7%, whereas 74.5% of patients with surgery alone.

Conclusions: In this series, we think perioperative adjuvant chemotherapy including platinum-based regimen for LCNEC might improve survival. Further study such as a prospective clinical trial is mostly needed.

Figure 1. Survival curve of surgical resected LCNEC 32 cases



P2-207 **NSCLC: Combined Modality Therapy Posters, Tue, Sept 4**

Results of induction chemoradiotherapy followed surgery in patients with locally advanced non-small cell lung cancer

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Background: We performed a prospective phase II study to determine the efficacy of induction chemoradiotherapy (chemo-RT) followed surgery in locally advanced non-small-cell lung cancer (LA-NSCLC).

Methods: Eighteen patients (pts) were included between January 05 to August 06 (14 men, 5 women, median age of 57 years). A majority of pts had a histology of SCC (n: 14) and stage IIIA (n: 13). Patients with KPS d70 and technically resectable T1-4, N2, M0 NSCLC were treated induction chemo-RT (45 Gy RT + cisplatin 60 mg/m^2 and docetaxel 60 mg/m^2) on days 1 and 22 and were reassessed after induction chemo-RT. A surgical resection was performed within median 5 weeks. Two additional cycles of chemotherapy were given after surgery. In those with unresectable disease, two cycles were administrated during definitive RT with 63 Gy. Postoperative RT was given to pts according to pathological prognostic factors.

Results: After the induction treatment, 66% (12/18) of pts achieved a partial response. The main acute toxicities were hematologic toxicity and esophagitis. Ten pts underwent surgery and resectability rate was 55% (10/18). Operative morbidity and mortality were not seen. Pathological downstaging and complete response were obtained in 9 (50%) and 6 (33%) pts, respectively. Postoperative RT (1440-1800 cGy) was delivered in 17% (n:3) of the pts.

Median follow-up time was 11 months at time to evaluation (January 2007). During the follow-up time, distant metastasis was developed of 7 pts and 3 pts died. Mean overall and progression-free survival times were 18,7 (1-24 months) and 17,5 months (1-20 months), respectively.

Conclusion: Response and resection rates were achieved by 66%, 50% in our study. This treatment method was found to be feasible and promising.